

MIEMSS Executive Director's Update
April, 2010

National Child Abuse Prevention Month. April is National Child Abuse Prevention Month, a time to support children and families in our communities across the state. Since 1983, a variety of child welfare organizations have combined efforts in promoting awareness about this important public health issue on an annual basis. The U.S. Department of Health and Human Services' Children's Bureau, Office on Child Abuse and Neglect, its Child Welfare Information Gateway, and the FRIENDS National Resource Center for Community-Based Child Abuse Prevention has created a resource guide targeted specifically for service providers who work with parents, other caregivers, and their children with the common goal of strengthening families. The guide contains resources to promote community awareness of five important protective factors that can help families protect children from the risk of child abuse and neglect, including tip sheets for parents in English and Spanish. These resources were developed with input from numerous national organizations, Federal partners, and parents committed to strengthening families.

Please go to: http://www.childwelfare.gov/preventing/res_guide_2010/#tips for more information.

Legislative Report 2010. Below is a summary of the final status of various bills of interest considered by the General Assembly during the 2010 Legislative Session:

Bills – Passed

HB 497 / SB 1086: Public Safety – Statewide Emergency Medical Services Advisory Council – Membership. Expands the membership of SEMSAC to add a pilot and a member of the public at large.

HB 499 / SB 324: Motor Vehicles – Approaching Emergency Vehicles and Personnel. Requires a driver, when approaching from the rear an emergency vehicle that is stopped, standing, or parked on a highway and using any authorized visual signal, to either make a lane change or slow to a reasonable and prudent speed.

SB 305: Public Safety – Emergency Medical Services Provider Killed in Performance of Duty – Flag Benefit for Family. Requires the Secretary of State to issue a State flag to the family of an EMS provider who is killed in the performance of duty. The State Senator from the legislative district in which the deceased resided or served must present the flag to the family.

SB 593: Health Facilities – Freestanding Medical Facilities – Rates. Requires the Health Services Cost Review Commission to set rates for hospital services provided at freestanding facilities issued a Certificate of Need after 7-1-2015 and freestanding medical facility pilot projects authorized before 1-1-2008 and requires payors to pay those rates.

SB 715: State Government – Commemorative Days – Fire, Rescue and Emergency Services Workers. Requires the Governor to proclaim the first Sunday in June as the day to honor fire, rescue and EMS workers in Maryland who made the ultimate sacrifice in the performance of their duties and to order the State flag to be flown at half-staff on that day.

HB 1389: Traffic Cases – State Police Helicopters and Ambulance, Fire, and Rescue Companies. HB 1389 expands the application of a \$7.50 surcharge currently added only to court costs in a traffic case where points are assessed as a result of a conviction to other traffic cases as specified. Surcharges collected are credited to the Volunteer Company Assistance Fund to a limit of \$20 million, after which funds are credited to the General Fund. The State Police Helicopter Replacement Fund was deleted as a recipient of moving violation surcharge monies.

HB 1555: Fire, Rescue and Ambulance Funds – Distribution of Money to Companies Outside the State. This emergency bill alters the entities to which money from the Amoss Fund or the Volunteer Company Assistance Fund (VCAF) may be distributed to include fire, rescue, and ambulance companies located outside of Maryland if the company has been a member of the Maryland State Firemen's Association for at least the past 10 years and has a first due response area in Maryland. The bill affects two fire companies located in Delaware that also service Caroline and Wicomico counties.

Bills -- Unfavorable Report / Failed / Withdrawn / No Movement

HB 1030: Vehicle Laws – Motor Scooters – Protective Headgear. This bill would have required operators and riders of motor scooters to wear a helmet.

HB 1282/ SB 491: Protective Headgear Requirement for Motorcycle Exemption – Requirements. This bill would have exempted certain motorcycle riders from the requirement to wear a helmet.

HB 1524/ SB 745: Health Insurance – Ambulance Providers – Direct Reimbursement. This bill would have required health insurers, nonprofit health service plans and HMOs to reimburse an ambulance provider directly for covered services.

SB 634: Transportation – Maryland Emergency Medical System Operations Fund – Transport by Privately Owned Helicopter. This bill would have allowed commercial helicopter operators to be reimbursed from the EMS Operations Fund to a maximum of \$150,000/year for transport of a patient from the scene when dispatched by SYSCOM.

Budget

The Capital Budget includes:

- 1) \$20 million for MSP helicopter replacement.
- 2) \$10 million to UMMS for the Trauma, Critical Care, and Emergency Medicine Expansion project;
- 3) \$5 million to Johns Hopkins Medicine for the Pediatric Trauma Center; and \$2.5 million for the Cardiovascular and Critical Care Tower.

The Operating Budget for 2010 diverts 50% of the Volunteer Company Assistance Fund and 100% of the State Police Helicopter Replacement Fund to the General Fund. For FY2011, no funds are diverted to the General Fund.

HC Standard. *HC Standard 3* is currently in operation. Version 3 of the program continues to host a more robust CHATS (County Hospital Alert Tracking System) with alert definitions displayed for the public and includes FRED, CHRS (County Hospital Request System), and the PTS (Patient Tracking System). HC FRED is operational and in use. It is receiving positive feedback, with many facilities expressing an interest in future enhancements to this system. The CHRS application is being used by EMRC, and EMRC has been fully moved to the HC3 EMRC application. The Patient Tracking System (PTS) was successfully utilized during the Western Maryland Health System hospital move, Andrews Air Force Base Haiti Repatriation, as well as at the Baltimore NDMS FCC Tabletop Exercise. The program provides real time situational updates as patients were scanned, triaged, and transported from one site to another. The application provided maps showing where patients were in real time, as well as what facilities they went to, who they were transported by, interventions that were performed, and demographic information. Planning is underway to create a dashboard to incorporate additional programs including the Maryland Health Alert Network, ESSENCE, WebEOC, and ESAR-VHP. MIEMSS has conducted two administrator training courses, seven in-person user training courses, and six online user training courses. MIEMSS continues to provide support and assistance to facilities as they come online to the new HC Standard 3. MIEMSS is in the process of explaining current PTS capabilities within the state to allow for more units to be utilized in the field. Many jurisdictions are planning to purchase PTS handheld units using this years Hospital Preparedness Program (HPP) funds.

2010 Update for Maryland Medical Protocols for EMS Providers. Updates for the Maryland Medical Protocols for EMS Providers were developed by the multi-disciplinary Protocol Review Committee and approved by the EMS Board. Included in this year's revisions are a new optional protocol for induced hypothermia after cardiac arrest, a new pilot protocol for pandemic influenza, and authorization for the use of Glidescope® airway devices. The 2010 updated Maryland Medical Protocols for EMS have been placed on the MIEMSS web. Full versions of the protocols, as well as the selected updated sections will be available. Pocket versions will be printed and distributed statewide. These protocols are effective July 1, 2010.

2010 Maryland Medical Protocols for EMS Providers Training Options. MIEMSS is pleased to announce the release of a new training resource regarding the changes to the Maryland Medical Protocols for Emergency Medical Services Providers. This approved continuing education program entitled “2010 Meet the Protocols” will explain to providers the protocol changes that become effective on July 1, 2010. The educational rollout will begin on April 19, 2010.

There are three different options to ensure that providers complete this required protocol update training by June 30, 2010:

Option 1. The simplest option is to use our new Learning Management System (LMS). The MIEMSS “Online Learning Center” is found on the MIEMSS homepage (www.miemss.org). Once a provider successfully completes each protocol update section on our LMS, they will receive their continuing education credits directly from MIEMSS within 10 days. This option is accessible by providers at any time and on any computer with internet access.

Option 2. The presentation can be viewed in a classroom setting (company training, academy class, etc.) using the 2010 protocol update CD, which contains each presentation segment, as well as other items. When presented in the classroom setting, the quiz contained in each segment should be used as a group activity during the training and serve as a way for the instructor to gauge student comprehension. For providers to obtain the continuing education credit for the protocol updates, the continuing education completion documentation must be submitted. The electronic rosters must be submitted to MIEMSS through the approved EMS Operational Program official within a jurisdiction. Each BLS provider should appear on two continuing education rosters and each ALS provider should appear on at least four.

Option 3. A program is also welcome to post the protocol update course content directly on their program’s Learning Management System. If you would like to use this option, please send an email requesting the content directly to MIEMSS EMS Education Manager Pete Fiackos (pfiackos@miemss.org), and he will send you a CD with the digital materials to post to your system. Be sure to include the format specifications that you will need in order for the program to work in your system.

In order for providers to maintain certification in good standing, they should complete the protocol update training as follows:

ALS Providers

- All ALS providers MUST complete ALS sections 1, 2, 3, and 4 of the “2010 Meet the Protocols” presentation no later than June 30, 2010.
- Section 5 of the “2010 Meet the Protocols” presentation addresses optional and pilot programs. If a jurisdiction is participating in any of these optional or pilot programs, then they may choose to require that providers also complete section 5.

BLS Providers

- All BLS providers MUST complete BLS sections 1 and 2 of the “2010 Meet the Protocols” presentation no later than June 30, 2010.

Disaster Medical Assistance Team. Maryland is forming a new Disaster Medical Assistance Team (MD-1 DMAT). MD-1 DMAT is a group of dedicated medical professionals from within the State of Maryland and the National Capitol Region. MD-1 DMAT is a member of the National Disaster Medical System (NDMS) within the U.S. Department of Health and Human Services. The purpose of the team is to provide medical care during a disaster or any event that overwhelms a region’s healthcare infrastructure.

If you are interested in getting more information about MD-1 DMAT, it can be found on the website: www.md1dmat.org.

2010 Voluntary Ambulance Inspection Program (VAIP). The new 2010 Voluntary Ambulance Inspection Program (VAIP) Manual, which includes the new inspection guidelines, is now available on the MIEMSS website. The 2010 inspection guidelines, which are reviewed every two years, reflect the recommendations of the VAIP consensus workgroup, which met throughout 2009, and the MIEMSS Regional Medical Directors. Changes in the updated manual primarily involve changes to BLS and ALS supplies and equipment reflected in revisions to the Maryland Medical Protocols for EMS Providers.

An ambulance inspection involves verification of supply and equipment inventories necessary to adequately care for patients in the prehospital setting. Suction and oxygen delivery equipment, both portable and on-board systems, are tested to ensure their proper and safe operation. In addition, the Maryland EMS communications equipment is tested for proper operation. MIEMSS Regional Administrators can answer questions regarding the program, assist with pre-inspection checks of your oxygen and suction equipment, and schedule an inspection for your vehicles. A request for an inspection must be submitted in writing along with a completed application, to your MIEMSS Regional Office.

EMS Links and Information Regarding H1N1 Flu (Swine Flu). MIEMSS continues working with the CDC and other health related agencies to develop Swine-Origin Influenza A (H1N1) guidance specific for EMS and 9-1-1 PSAPs. Please see the MIEMSS web site (www.miemss.org) for updated information. MIEMSS strongly encourages all EMS providers to get vaccinated if they have not already done so.

Infection Control Program Regulations. The EMS Board has proposed regulations laying out the framework for the responsibilities of Infection Control Officers in EMS operational programs. These regulations were developed from the work of a joint MIEMSS/DHMH committee mandated by the legislature to look at the issue of bloodborne pathogen exposures among EMS providers and other health care providers. The legislature required MIEMSS and DHMH to develop regulations for the collection of data on such exposures. The committee ran a pilot project collecting the data and is now preparing to move forward with the program. The proposed regulations were published in the Maryland Register on April 9, 2010. For copies of the draft please contact: Sarah M. Sette, Assistant Attorney General at MIEMSS, (410)706-8514.

Prehospital Data Reporting. The EMS Board is proposing regulations that clarify the requirements for electronic data reporting which include delivering a copy of a printed patient care report to the health care facility within 24 hours if a copy cannot be delivered when the patient care is transferred to the facility. EMS operational programs not using EMAIS® must transfer electronic data to MIEMSS within 24 hours. After December 31, 2010, all EMS operational programs shall only submit EMS data to MIEMSS through EMAIS® or electronically with content and format acceptable to MIEMSS. Finally, the regulations make clear that compliance with the regulations is a necessary condition for an EMS Operational Program to meet the requirements for funding under the Amoss Fund with respect to the Maryland Ambulance Information System and to be eligible for MIEMSS grants. The proposed regulations were published in the Maryland Register on April 9, 2010. If finally adopted by the EMS Board, the regulations are expected to be made effective later this year. For copies, please contact: E. Fremont Magee, Assistant Attorney General at MIEMSS, (410) 706-8531.

National EMS Week. This years' National EMS Week theme is: ***EMS Anytime. Anywhere. We'll be There.*** It will be celebrated May 16 thru May 22; with May 19 set aside as Emergency Medical Services for Children (EMSC) Day. National Emergency Medical Services Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line." EMS Week event planning kits are available from all MIEMSS Regional Offices.

Annual Statewide EMS Awards. Each year, MIEMSS celebrates EMS Week by honoring the men and women across the state who have contributed to the EMS system. The Annual MIEMSS Statewide Stars of Life and EMS for Children Right Care When it Counts Awards will be given out during EMS Week 2010. The awards will relate to any incidents occurring January 1, 2009 through December 31, 2009. Awardees are selected by a statewide committee of career, volunteer, and commercial EMS providers. The nomination process has ended and the committee met this month to review the submissions. Thank you to all that sent in nominations.

Education Standards Committee. MIEMSS formed an EMS education standards committee to review and prepare for implementation of the standards by 2012. The committee is comprised of representatives from volunteer, career, commercial, and educational programs and will review the standards, strategize how to implement the standards, as well as determine how best to implement the new levels in Maryland. The committee met in October, November, and December and has three subcommittees that will review and prepare for the implementation of the Education Standards in Maryland. The three subcommittees are the ALS Committee of SEMSAC, the BLS Committee of SEMSAC, as well as the EMS Education Standards Operations Committee. Information on the National EMS Education Standards can be found at www.EMS.gov. The corresponding Instructional Guidelines for Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT), and Paramedic are also posted. To download a PDF version of these documents, please go to www.EMS.gov, click "Education" on the top red navigation bar and select "National EMS Education Standards" from the drop-down menu.

EMT Renewal Options. In addition to the 24-hour refresher and 12-hour classroom (or online) and 12-hour skills class options to renew one's EMT certification, MIEMSS has developed and the EMS Board has approved regulations to expand the renewal options in an effort to ensure continued competency and to save costs. The first option allows for EMTs to complete the 12-hours of approved classroom continuing education, which can be achieved through approved online formats (MFRI), as well as completing a skills evaluation for continued skills competency. The skills evaluation is in lieu of the 12-hour skills class. This saves time and costs and ensures continued competency of skills through evaluation. The other option recognizes EMTs with current NREMTB certification. At time of renewal, the EMT-B will submit his NREMT card, along with affiliation and protocol currency verification and he will receive a new Maryland EMTB certification (3 years). There are currently near 2,500 NREMTBs in Maryland so this option will allow for more EMTB s to renew their Maryland EMTB without having to go through duplicate continuing education courses. The BLS committee is developing policies to align with the draft regulations. Both the policies and regulations will become effective in the coming months.

SEMSAC BLS Committee. The BLS Committee finalized the development of the curriculum for the revised EMT-Basic refresher course. The revised curriculum focuses on medical emergencies, the associated patient assessment, as well as interventions. The revised curriculum is expected to be rolled out to instructors during the spring of 2010 and implemented July 1, 2010. Further, as described above, the BLS Committee is working with the EMS Education Standards Committee to prepare for implementing the EMR and EMT education standards in Maryland. A preliminary syllabus for EMT has been developed and pilot testing is scheduled for this summer/fall.

Learning Management System (LMS) and Instructors' Corner. The Office of Licensure and Certification has successfully implemented an instructors' corner where BLS, ALS, EMD, and EMSC instructors can share educational resources including presentations, outlines, and other materials with other instructors, statewide. MIEMSS has implemented a learning management system (LMS) where protocol updates, continuing education, and other EMS educational content can be attended by EMS providers, statewide. The LMS uses Articulate.com software and allows for the asynchronous viewing of courses with a high degree of authenticity. The Office, in conjunction with other MIEMSS departments and MFRI is working on the design and development of the 2010 protocol training update for BLS and ALS providers.

Law Enforcement Emergency Medical Care Course. MIEMSS continues to work with the law enforcement community in fine-tuning an emergency medical care course with specificity and applicability to the law enforcement needs. The medical course contains core first responder content including CPR/AED, patient assessment, medical and trauma care, but also contains law enforcement-specific content such as Care Under Fire, with emphasis on self-care and fellow-officer care in a hazardous environment. Policies and procedures for the course have been completed and are being reviewed by the law enforcement community.

National EMS Education Standards and Instructor Guidelines Now Available. The National EMS Education Standards have been approved and posted on www.EMS.gov. The corresponding Instructional Guidelines for Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT), and Paramedic are also posted. To download a PDF version of these documents, please go to www.EMS.gov, click "Education" on the top red navigation bar and select "National EMS Education Standards" from the drop-down menu. Maryland is preparing to transition to the new levels and a subcommittee of SEMSAC is being formed to strategize and collaborate on achieving successful transition from the National Standard Curricula to the EMS Education Standards.

NREMT for EMT. MIEMSS is considering using the National Registry of Emergency Medical Technicians (NREMT) for testing EMTs in Maryland. This will align Maryland with the National EMS Education Agenda for the Future: A Systems Approach. Further, the computer adaptive testing process allows for a more precise measurement of an EMT's entry-level abilities in a shorter time than the existing pencil-and-paper method. Currently, the NREMT test is used for CRT99s and Paramedics and MIEMSS proposes to use it for EMTs as well. Use of the NREMT exam allows for a more precise measurement of entry-level competency and is done in a more secure and quicker manner than the traditional pencil and paper examination process currently in place. Funding for the testing is still being reviewed and additional testing locations are being identified to accommodate the volume of EMT students testing annually. MIEMSS only proposes using NREMT for initial testing and is not looking to mandate NREMT for recertification. The existing course structure and practical examinations will remain as they are when NREMT testing is initiated.

Maryland EMS Providers. As of April 1, 2010, there were 28,266 certified or licensed EMS providers in Maryland. The providers are broken down as follows:

EMD: 1228

First Responder: 6171

EMT-B: 17308

CRT99: 899

EMT-P: 2660

Regional Programs and Emergency Operations.

Regional Health and Medical Committees.

- The Region III Health and Medical Taskforce continues to work with Baltimore City on the purchase of the necessary hardware for the electronic patient tracking application. Mass casualty support vehicles and an alternate care site supplies are also being purchased with FY08 UASI funds.
- The Region V Regional Hospital and Health Care Memorandum of Understanding regarding Mass Casualty and Disaster Situations is currently under legal review. The goal is for this overarching agreement to be accepted Region-wide and serve as a statewide template.
- The \$1.2 million Public Safety Interoperable Communications Grants through which MIEMSS received funding to connect the remaining hospitals and 9-1-1 centers to the PSInet with VoIP phones. Site surveys and installations continue statewide. A one year extension has been received for the completion of this project.

- The EMS Focus group continues to meet to develop a draft recommendation for the composition of EMS Strike Teams.
- The MIEMSS Regional offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional office
- The Regional Offices continue to support the implementation of the new HC Standard system.
- The Regional Offices continue to work closely with hospitals and local health officials within their regions to closely monitor daily volumes of suspected H1N1 cases.
- All regional offices are currently in the process of updating quality assurance plans and medical director agreements in preparation for the upcoming operational programs re-designation surveys.
- The Revised QA Officer Course is set for April 24 and 25, 2010 in Huntingtown, Maryland. Please contact the Region V Office to register.
- Voluntary Ambulance Inspections are ongoing Statewide. The 2010 VAIP document is on the MIEMSS web site and printed copies will be available from the MIEMSS regional offices in early May. The new Maryland Electronic Vehicle Inspection Program is currently being field tested during inspections.
- The Somerset County SWOT continues to meet with county stakeholders to develop enhancements to EMS in the county.
- The Annual Pyramid Conference 2010 will be held October 9 and 10, 2010.
- The Region IV Council Sub-Committee for Quality Assurance and Quality Improvement meets the first Monday of each quarter.

Emergency Medical Services for Children Program (EMSC). The state **Pediatric Emergency Medical Advisory Committee (PEMAC)** 2010 meetings and subcommittee dates are confirmed and posted on the website. We will continue to use Go To Meeting web platform with the handouts, minutes and reference materials posted on PEMAC pages of the MIEMSS website. Pediatric Base Station Course and Transport Base Station course workgroups were held in March in partnership with the Maryland Board of Nursing. An update on both EMSC Performance Measures and the new Board of Nursing regulations on Specialty Care Transport will be presented at the April 14th 2010 Annual Medical Directors Symposium. Maryland EMSC program continues to partner with the Chesapeake Applied Research Network based at Children's National Medical Center and facilitated EMS focus groups working on the development and piloting of an Asthma severity score for use in assessment of children's degree of respiratory distress in the out of hospital environment. CARN faculty will again present at the state ENA by the BAY conference in May of 2010 with a focus on the care of children with mild head injuries. Work continues on the **EMSC Partnership Grant** focused on the ten Federal EMSC Performance Measures that have 2011 and 2017 target dates for achievement. Ongoing projects include:

- EMSC State Partnership presentation was made at the **February 2010 ENA Leadership Conference** along with a presentation on finding funding for Injury Control projects
- Implementing the VAIP 2010 equipment standards with an electronic web based inspection system for vehicle equipment
- Incorporation of the standards for pediatric emergency department criteria and categorization
- Piloting the base station course focused for transport nurses and interfacility transport environment
- Distribution of the 2010 revision of the Resource Manual for Interfacility Transports
- Pediatric education workshop at conference and Webcasts are ready to be placed in the Instructors Corner and on the MIEMSS Learning Management System.

- Planning has started for Pyramid conference in the fall and will include Pediatric Vascular Access workshops for both EMS and ED providers
- PEMAC is forming a Family Advocacy subcommittee
- EMSC & SOCALR continues to focus on ambulance safety and remain active with the NHTSA workgroup on Safe Transport of Children in Ambulances.

The ***Child Passenger Safety (CPS) & Occupant Protection Healthcare Project:***

- Project will be presenting an academic poster at **Lifesavers Conference 2010** in Philadelphia
- **Infant Car Seat Challenge** training DVD has been sent to all hospitals in Maryland and a conference call will be held in April for NICUs, Nurseries and other interested advocates
- **CPS Conference calls** are archived and available for viewing or download on the website www.miemss.org/EMSCwww/CPSHome.htm;
- **SECURE** Ambulance Safety project posters are now available from the EMSC & SOCALR offices
- **BUCKLE UP – Every Ride Every Time** posters have been distributed through regional council meetings in support of the November “Click It or Ticket” enforcement effort across the state.
- **Rear Facing Longer** posters are available and were sent to primary care offices and hospitals.
- **Booster Seat** posters are available as part of the educational campaign on Maryland’s enhanced occupant protection law.

The ***Safe Kids Maryland Coalition*** quarterly meeting for 2010 was held on March 9th in Annapolis with a focus on Rail Road Pedestrian Safety. Safe Kids chapters in Garrett, Queen Anne’s and Saint Mary’s counties continue to work on Child Passenger Safety (CPS) education and training. Meetings, agendas and minutes are posted on the expanded website along with state and national resources for injury prevention – www.safekidsmd.org. 2010 meeting dates have been finalized with Maryland Highway Safety Office and are posted on the website. Please contact the Maryland Safe Kids coalition through the EMSC Office 410-706-1758. **Safe Kids Week for 2010** will focus on **Sports Safety** including information on Concussion Recognition and Evaluation. New videos for families on teaching prevention to children with special health care needs are posted on the Safe Kids USA website at www.safekids.org. The **May Trauma Awareness & EMSC** focus in on preventing Distracted Driving.

Maryland ***RISK WATCH Champion Team*** continues to work with the MSFA Fire Prevention & Life Safety Committee and Miss Fire Prevention & 1st Runner Up to distribute injury prevention materials throughout the year. The Risk Watch educational displays & interactive stations are again planned for the June 2010 MSFA convention – Sunday, Monday and Tuesday. New this year will be water safety and Booster Seat 5 Step Test. A new focus area for education and public displays has been created by the Region V office on fall prevention based upon materials from the CDC and Home Safety Council. In collaboration with the Office of the State Fire Marshal and Safe Kids Maryland, Risk Watch is providing educational materials on the risk of novelty lighters.

Yellow Alert. MIEMSS continues to closely monitoring yellow and red alert activity, which again decreased significantly in 2009 compared to 2008, even with the onset of the H1N1 virus in April 2009. MIEMSS also updated the return to service times for 2009 which remained relatively constant from 2008. The state average return to service time for 2009 decreased slightly from 2008 to 36.26 minutes. MIEMSS is continuing to work closely with DHMH and the Maryland Hospital Association (MHA) to monitor the impact H1N1 and seasonal flu is having on hospitals related to overcrowding and diversions as well as other potential factors that may impact alert utilization and EMS return to service times.

Public Access AED Program. Currently, there are 1187 approved layperson AED programs in Maryland with a total of 3375 sites. A list of approved programs is updated monthly and available on the MIEMSS website at <http://www.miemss.org/Approved.doc>.

Cardiac Centers. The third draft of Cardiac Interventional Center Standards was published in the *Maryland Register* for public comment on January 29, 2010. The comment period ended March 5, 2010. The standards have been approved by the EMS Board and become effective in early May. MIEMSS hopes to begin designating Cardiac Interventional Centers by Summer or Fall of 2010.

Mission: Lifeline - STEMI Systems of Care in Maryland Statewide Meeting. On Saturday, May 22, 2010, from 8:00 AM - 2:00 PM at the Anne Arundel Medical Center, Health Sciences Pavilion, 2000 Medical Parkway, Annapolis, MD., the American Heart Association, in partnership with the Maryland Chapter of American College of Cardiology and other key stakeholders, is hosting a conference to bring together representatives from across the state to work on strengthening Maryland STEMI Systems of Care and fostering collaboration statewide. As the State continues to work on the Cardiac Interventional Standards through MIEMSS and improving the data necessary to support quality improvement initiatives through the Maryland Health Care Commission, it will be important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations.

Mission Lifeline seeks to foster collaboration amongst stakeholders to develop local solutions that will drive quality and ultimately improve care for all patients suffering from heart disease. Focusing on improvements in “systems of care” will strengthen our ability to provide each patient a seamless transition from one stage of care to the next, with the highest quality at each step, including the ability to overcome boundaries that might interfere with care. The “system” should provide expertise and support that can be delivered throughout the community and promote coordination to overcome the challenges and gaps in knowledge, service and delivery. Join us as we work to coordinate the “system of care” for STEMI patients in Maryland. All Maryland Hospitals (both Primary PCI and non PCI) and EMS Regions are asked to send representatives. There is no registration fee for this conference and a continental breakfast and lunch will be provided.

Primary Stroke Centers. MIEMSS continues to work closely with system stakeholders to improve acute stroke care in Maryland. Prehospital protocols and designated Primary Stroke Centers play pivotal roles in a statewide acute stroke system of care. The number of designated Primary Stroke Centers statewide is currently 34. Currently, all surveys and designations are completed. A current list of approved designated Primary Stroke Centers is located on the MIEMSS website. As stroke care in Maryland continues to evolve and improve MIEMSS is working closely with Centers of Excellence, the Joint Commission and system stakeholders in developing regulations for designation of Primary Stroke Centers as Comprehensive Stroke Centers. Comprehensive Stroke Centers benefits the stroke patient who requires a high intensity of medical and surgical care, specialized tests or interventional therapies 24 hour a day, 7 days per week. MIEMSS continues working with the telemedicine workgroup of the Governor's Advisory Council on Heart Disease and Stroke and DHMH's Office of Chronic Disease Prevention to explore a statewide stroke telemedicine system. This system would potentially extend stroke neurology expertise to underserved regions of the state, mitigating neurology specialist shortages and the risks of PSCs losing critical resources. The group is working to gather support, refine the project's charter and identify funding sources. MIEMSS continues working with the workgroup from the STROKE QIC in developing stroke inter-facility transfer guidelines. The primary purpose of the inter-facility transfer guidelines is to ensure patient safety, maximize quality of care and effectively help to ensure the efficient leveraging of scarce health care resources. This group is working to refine the project's charter, identify available resources and identify issues associated with inter-facility transfers.

EMD Online Stroke Course. MIEMSS is working closely with the Department of Health and Mental Hygiene in providing online stroke education for all Maryland emergency medical dispatchers. The goal is to increase recognition of stroke signs and symptoms and decrease stroke patient times between symptom onset and arrival at hospital. The online course is free and is specifically for EMD personnel. DHMH will send Priority Dispatch CEU CD's for Stroke Signs and Symptoms to interested EMD offices. This course is free and will grant one hour of continuing education credit when the course is successfully completed. The course generally requires one to two hours to complete.

Prehospital Stroke Course Online. The American Heart Association's Stroke Prehospital Care online course is on the MIEMSS website and is free for prehospital care providers. Currently, 427 prehospital care providers have completed the course. To access this course go to the MIEMSS home page and click on Prehospital Stroke Module located under "What's New" and follow the instructions. A student's computer must be setup with a built-in or separate sound card along with either speakers or a headset. The stroke course consists of four modules that use audio heavily. MIEMSS will grant one hour of stroke continuing education credit to students who successfully complete the course. Students complete an online test after completing all four modules. The course generally requires one to two hours to complete. Registration is currently open to affiliated EMS providers at the EMT-Basic level or higher, and the course must be completed within 30 days of receiving a passcode when signing

EMS Base Stations. In 2009, there were 17 hospitals that were evaluated and received re-designation as EMS Board approved base stations. Thirteen hospitals received five year full base station designation. One hospital received a two year provisional designation and three hospitals

received one year provisional designation. In 2010, there are an additional 12 hospitals that have applied for re-designation as a base station. The 2010 site visits have begun in April and will run into the winter.

EMAIS®. The RFP for the replacement system of EMAIS®, was approved and published on eMaryland Marketplace. A Pre-Proposal Conference with interested vendors was held to coincide with the EMS Today Expo in Baltimore. An evaluation group was constructed, including representatives of the EMSOP's, to help evaluate vendors selected to attend the vendor fair. EMSOP's were invited to come to a vendor conference and try out the evaluated vendor products and provide feedback in an advisory capacity. The evaluation team is working to recommend a successful bidder. Presently, seventeen jurisdictions are utilizing EMAIS®, along with fourteen Operational Programs statewide. Targeted Data Exports have been constructed for EMAIS® Jurisdictions and Programs to use in local EMS management. Bandwidth restrictions were identified at several hospitals affecting the speed of EMAIS® and MIEMSS has worked with all facilities to resolve these restrictions.

EMS Continuing Education Programs

2010 Spring Quality Assurance Officer Training Course (April 24-25, 2010) Huntingtown VFD and RS. Please contact the Region V Office to register 301-474-1485 or 1-877-498-5551

ENA BY THE BAY 2010 (May 7, 2010) The Conference Center at the Maritime Institute 692 Maritime Boulevard Linthicum Heights, MD 21090 - www.mdena.org for more information

National EMS Week. May 16- 22, 2010



Annual MSFA Convention (June 12-18, 2010) Ocean City, MD - Educational Seminars will be held Sunday – Tuesday

Mid- Atlantic Life Safety Conference (September 28, 2010) Johns Hopkins Applied Physics Lab, Columbia Maryland

Pyramid EMS Conference 2010 (October 8-10, 2010) Solomons Island, Maryland

Please check with your MIEMSS regional office, the *Maryland EMS News*, or the MIEMSS web page about additional registration information.
